## MONTANA CHEMICAL DEPENDENCY CENTER POLICY AND PROCEDURE MANUAL

| Policy Subject: Outpatient Medical<br>Referrals |                                   |
|---|-----------------------------------|
| Policy Number: MNP 09                           | Standards/Statutes: ARM 37.27.130 |
| Effective Date: 01/01/02                        | Page 1 of 2                       |

## **PURPOSE:**

To define the necessity and parameters for medical referrals outside the facility.

## **POLICY:**

Except in the event of an emergency, a MCDC physician request for a consultation with an outpatient health care provider will be reviewed with the Administrator.

## **PROCEDURE:**

- I. The patient must sign a release of information for the outpatient health care provider.
- II. In most cases, the MCDC physician or charge nurse will contact the consulting physician/ health care provider regarding the necessity for a consultation.
- III. The nursing staff will be responsible for the following:
  - A. Making the appointment.
  - B. Arranging the transportation.
  - C. Completing the necessary paper work.
- IV. Any patient that goes to an outside medical appointment must have a REFERRAL FOR OUTSIDE MEDICAL SERVICES FORM filled out and routed to reimbursement. This would include, but is not limited to an outside doctor's appointment, outpatient psychiatric evaluations, family planning, x-ray, EKG, and

dental service if provided by a dentist other than the MSH dentist.

- V. Unless other arrangements are made, MCDC will provide transportation to and from the outpatient health care provider.
- VI. Following the appointment, the doctor and/or charge nurse will make sure there is some form of document in the patient chart regarding the outcome of the consultation.

| Revisions:                               |                             |                  |
|--|-----------------------------|------------------|
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| Approved By:                             |                             | 01/01/02         |
| David J. Peshek, Administrator           |                             | Date             |